

2844

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## STANDARD CERTIFICATE OF DEATH

# Arizona State Board of Health

## BUREAU OF VITAL STATISTICS

235

State File No.

Registered No. 723

## 1. PLACE OF DEATH

County Maricopa State ARIZONA

Township \_\_\_\_\_ or Village \_\_\_\_\_

City PhoenixNo. 2245 North 7th Street St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 54 yrs. 2 mos. 1 ds. How long in U. S. if foreign birth? 54 yrs. 2 mos. 1 ds.2. FULL NAME Robert Edgar WileyHow long in State when death occurred? 54 yrs. 2 mos. 1 ds.(a) Residence: No. 2245 North 7th Street St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If non-resident, give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

male

## 4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) married

## 6a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of Mary Frances6. DATE OF BIRTH (month, day, and year) Oct. 17, 1883

## 7. AGE

54 YearsMonths 2Days 1

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Brick Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (city or town)

Phoenix

(State or Country)

Arizona

## FATHER

## 13. NAME

Alonzo B. Wiley

## 14. BIRTHPLACE (city or town)

Indianapolis

(State or Country)

Indiana

## MOTHER

## 15. MAIDEN NAME

Mary Edgar

## 16. BIRTHPLACE (city or town)

California

(State or Country)

## 17. INFORMANT

Mary Frances Wiley

(Address)

2245 North 7th Street

## 18. BURIAL, CREMATION, OR REMOVAL

BurialPlace GreenwoodDate 12-21, 1937

## 19. EMBALMER

License No. 147Signature J. H. Walters

## FUNERAL DIRECTOR

Grimshaw-Acton MortuaryAddress 334 West Monroe

## 20. Filed

12-22, 1937James Johnson

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12-18, 193722. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1937, to Dec 18, 1937I last saw him alive on Dec 18, 1937; death is saidto have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Acute Endocarditis  
secondary to Rheumatic  
infection.

Date of Onset

Other contributory causes of importance:

Chronic Sinusitis  
Myocarditis  
+ Tuberculosis

U. M.

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis none Was there an autopsy? no

## 23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) H. B. Luedel M. D.(Address) 158 Monroe St. Phoenix